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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2009 SAIME 3.3-003** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) **Application Number** 10/553,643-Conf. #1454 October 14, 2005 Filed BREATHING ASSISTANCE DEVICE, AND METHOD OF REGULATION Art Unit 3771 C. W. Stuart Examiner This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee One month (37 CFR 1.17(a)(1)) \$130 \$65 130.00 Two months (37 CFR 1.17(a)(2)) \$490 \$245 Three months (37 CFR 1.17(a)(3)) \$1110 \$555 Four months (37 CFR 1.17(a)(4)) \$865 \$1730 Five months (37 CFR 1.17(a)(5)) \$2350 \$1175 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. Х The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Χ attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 /Thomas M. Palisi/ November 6, 2009 Date Signature Thomas M. Palisi (908) 518-6366 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below Total of forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling system in accordance with § 1.6(a)(4).

Dated: November 6, 2009

Electronic Signature for Thomas M. Palisi: /Thomas M. Palisi/